

Report to Terminate Account

Arkansas Employment Security Department
P.O. Box 2981 Little Rock, Arkansas 72203
Telephone (501) 682-3268

**ATTN:
STATUS**

ESD Account No. _____ Date _____

1. Employer _____
2. Name of Business To Be Terminated _____
3. Address Where This Business Is Located _____
4. Employer's Current Home Address _____
(Person's Name If Partner or Corporate Officer)

(Street Address and/or Rural Route)

(P.O. Box)

(Town)

(State)

(Zip)

5. Date of Change or Termination _____ Check below reason for Termination

- 6.(a) ☐ Bankruptcy filed under Chapter _____ 6.(a-1) ☐ Foreclosure
If 6(a) or 6(a-1) is checked, the following information must be furnished:

(Name, Address, and Title of Either the Receiver, Trustee, or Employer's Attorney)

(Name and Address where Payroll Records of Employer Shown in Item 1 are at present)

- 6.(b) ☐ Business Discontinued in Arkansas
- 6.(c) ☐ Regulation No. 8: You have not had employees for two complete, consecutive calendar quarters.
- 6.(d) ☐ Other Specify _____
- 6.(e) ☐ Merger/Consolidated with (Name of Firm) _____
- 6.(f) ☐ Sold to (Successor's Name) _____

If 6(e) or 6(f) is checked, the following information **must** be furnished:

(Successor's Business Name and Mailing Address)

- 7.(a) Did you (The Employer Named in Item 1) continue to operate any other business with employees (In Arkansas) on the date shown in item 5 above? ☐ Yes ☐ No

- 7.(b) If "Yes," list business(es) still being operated:

Name of Business

Street Address

Town/State/Zip

No. of Employees

- 7.(c) If 7(a) is checked "No," do you agree that your account, including your experience rate should be transferred to the successor shown in Item 6(f)? ☐ Yes ☐ No

For Field Auditor's Use Only

201 (was) (was not) submitted on
Successor on _____

(Signed)

(Title)